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Written statement* submitted by the Alliance Defense Fund, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[14 February 2014]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Access to education and healthcare services: A true response to the MDGS

Alliance Defense Fund is a non-for-profit international legal alliance of more than 2,300 lawyers dedicated to the protection of fundamental human rights. It has argued cases before the Supreme Court of the United States and the European Court of Human Rights. It has also provided expert testimony to the European Parliament and the United States Congress. It has full accreditation with the Economic and Social Council of the United Nations, as well as the Organization for Security and Cooperation in Europe, and the European Union (the European Union Agency on Fundamental Rights and the European Parliament).

Through this statement we call on the United Nations Human Rights Council and Member States to reaffirm our immutable rights by proposing authentic solutions to development that prioritize the needs of the person in accordance with our inherent dignity. Truly progressive policies for sustainable development must be based on a positive view of the person and the unique and immeasurable value of every life. Negative policies that have permeated the UN system include a focus on reducing population size and increasing access to abortion. Such policies violate the sovereign right of states to determine laws on these matters at the level of local legislatures, and have the corresponding effect of encroaching upon the right of the person to plan the size of his or her family without government interference. It is imperative that we promote conditions where every individual can flourish in order for society to benefit from the unique contributions of every person.

We applaud the UN's recognition that abortion does not constitute a valid method of family planning. As noted in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, it is the sovereign right of each state to determine its own laws on abortion. People represent our greatest resource for development, and it is in the interest of the UN to recognize and protect them fully by addressing the most basic problems that confront millions around the world including: lack of education, poverty, corruption, scarcity, violence, etc. It is also important to seek to promote to the fullest extent the needs of children and young people. Strong families are the bedrock for healthy and flourishing children, and it is these children who build strong and functioning communities.

As the Millennium Development Goals draw to a close, it is imperative that the UN highlights the importance of education as it directly impacts many of these goals, with special significance for women and girls. We call on the UN to focus specifically on Target 5A: to "reduce by three quarters the maternal mortality ratio." We need to ensure women and girls' access to quality education that leads to opportunities, instead of focusing on access to abortion. Focusing on education and the provision of life saving interventions, including through skilled birth attendants, better sanitary conditions, and improved medical infrastructure and transportation, has been proven to result in less maternal deaths. The achievement of the MDGs demands that we not allow any more deaths to occur. It is critical that the UN and Member States advance a common commitment to protect both mothers and babies, as it is possible to love them both.

According to the World Health Organization, maternal mortality worldwide dropped by almost fifty percent between 1990 and 2010. Ninety-nine percent of pregnant mothers who die are from the developing world (WHO). According to WHO data, a woman's risk of dying during or following pregnancy is 1 in 3800 in the developed world. In sub-Saharan Africa, this risk is 1 in 39. These statistics point to the fact that the causes of maternal mortality are driven by poverty and lack of critical health care infrastructure. There are four direct causes of maternal mortality: 1) hemorrhage, 2) infection, 3) high blood pressure, and 4) obstructed labor. The solution to high rates of maternal mortality in the developed world is thus to ensure that every woman has access to quality prenatal care, to increase the number of skilled birth attendants, to strengthen health care systems, and to focus on educating women and alleviating poverty.

Abortion is considered to be a fifth cause of maternal mortality by some agencies and non-government organizations. Although women can die due to an abortion, it cannot be considered a cause of maternal mortality because it is an elective procedure and does not explain why women die in childbirth. Calls for so-called "safe abortion" do nothing to meet the needs of women that want to bring their children safely into the world. Moreover, medical abortion carries with it a high rate of serious complications. In countries without adequate medical infrastructure, these complications often result in maternal death.

Ireland and Chile are clear examples of countries with exceptional maternal health care standards that have implemented "love them both" policies to decrease the maternal mortality ratio in a way legal abortion policies have not been able to do. After banning abortion in almost all circumstances in 1983, Ireland strengthened its focus on providing high quality prenatal care and rose to become an international model in women's health. UNICEF ranked the country number one in 2005 and number three in 2008 for the lowest global maternal mortality rate. In Chile, the prohibition of abortion in 1989 resulted in a steep decline in the number of maternal deaths (69.2 percent). Chile now boasts the second-lowest maternal mortality ratio in the Western Hemisphere, after Canada. In both cases, restricting access to abortion services does not negatively impact maternal mortality. On the contrary, the restrictions on abortion resulted in stronger maternal health care initiatives that lowered the number of maternal deaths.

According to medical experts, addressing predictable causes of high-risk pregnancy where intervention is possible is especially important to reduce maternal, fetal, and neonatal mortality and morbidity. This is why high quality prenatal care is of crucial importance. The goal of prenatal care is the birth of a healthy baby with no risk for the mother. Quality prenatal care allows for the identification of potential high-risk patients, ongoing evaluations of mother and baby, and anticipation of potential problems before they occur. Managing high-risk pregnancies does not necessarily result in a conflict between the needs of the mother and the baby. Doctors have a duty to provide care that considers the interests of both mother and child.

It is important to not leave out the protection of the unborn under International Law. For example, the Convention on the Rights of the Child in its preamble and articles recognizes the unborn as a child with life that must be protected and safeguarded in a special way and under the law before and after birth. A child is defined as a human being that has not yet reached 18 year of age, establishing with this definition the point in which childhood ends, not where it begins. Not only does this Convention recognize that every child has the inherent right to life, but States Parties shall ensure to the maximum extent possible the survival and development of the child. The word abortion is nowhere to be found in the text of this binding Convention.

We urge the UN and its Member States to continue this duty of care to preserve the life of both mother and baby in pregnancy by focusing on maternal health, and not on increasing access to abortion. Enhancing education opportunities is a crucial means to achieving improved maternal health in the developing world. A 50-year experiment conducted in Chile demonstrated that for every additional year of maternal education there was a corresponding decrease in the maternal mortality rate. Increasing the level of education of women, additional nutrition programs, universal access to prenatal, perinatal, postnatal health services, development of emergency obstetric units and specialized care for complex high-risk cases, and sanitary development (including access to clean water and sewerage systems) resulted in nation-wide positive results in maternal health.

Access to education is a fundamental human right, which has tremendous ramifications for the ability of women and girls to flourish and lead healthy lives. The more educated a woman is, the greater her ability to access the health care resources available to her—including skilled attendants for childbirth. The State has a duty to provide access to education, and it is critical that governments focus on increasing quality of education, improving school attendance, and providing practical vocational training designed to develop employable skills. Most importantly, the family is the first and primary educator of children. It is thus in the interest of the State to afford families the "widest possible protection and assistance," as noted in Article 10.1 of the International Covenant on Economic, Social, and Cultural Rights.

Conclusion:

It is imperative that all UN processes be based on respect for the fundamental rights that form the foundation upon which it was created. Women should be able to exercise their right to become mothers and bring children safely into the world, regardless of where they live. The key to successful maternal health care is an educated female population. Healthy and educated women have the potential to not only improve their own lives, but also to transform their communities. The UN is faced with a critical opportunity to demonstrate its commitment to reducing maternal mortality rates, and to help women everywhere lead healthy lives. As evidenced by Ireland and Chile, access to abortion does not improve maternal mortality rates. Let us follow the example of these world leaders in maternal health and prove that it is possible to love both mother and baby in every country.